

2018-692

PRINTED: 09/07/2018  
FORM APPROVED

## State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  013220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/28/2018
NAME OF PROVIDER OR SUPPLIER  RAINIER SPRINGS		STREET ADDRESS, CITY, STATE, ZIP CODE  2805 N 129TH ST VANCOUVER, WA 98686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p><b>INITIAL COMMENTS</b></p> <p><b>INITIAL STATE LICENSING SURVEY</b></p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism Hospitals conducted this health and safety survey.</p> <p>Onsite dates: 08/27/18 to 08/28/18</p> <p>Examination number: X2018-692</p> <p>The survey was conducted by:</p> <p>Surveyor #3. Surveyor #4</p> <p>The Washington Fire Protection Bureau conducted the fire life safety inspection on 08/20/18.</p>	L 000	<p>A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following: The regulation number and/or the tag number; HOW the deficiency will be corrected; WHO is responsible for making the correction; WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and WHEN the correction will be completed.</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be postmarked by September 17, 2018.</p> <p>4. Return the ORIGINAL REPORT WITH the required signatures.</p>	
L 210	322-030.3A BACKGROUND-STAFF	L 210		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Gary R. Peterson

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Chief Exec. off. Sept 17 2018

TITLE: CEO  
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GEO

000 DATE: 09/17/2018  
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L 210	<p>Continued From page 1</p> <p>currently associated with the hospital having direct contact with vulnerable adults, when engaged on or since July 22, 1989; (ii) Prospective staff person, student, and individual applying for association with the hospital prior to allowing the individual direct contact with vulnerable adults, except as allowed by subsection (4) of this section; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview and document review, the hospital failed to obtain a disclosure statement and background inquiry as defined in RCW 43.43.834 for each prospective employee associated with the hospital having direct contact with vulnerable adults for 5 of 5 personnel files reviewed (Staff #402, Staff #403, Staff #404, Staff #405, and Staff #406) and 3 of 3 physician credentialing files reviewed (Staff #407, Staff #408 and Staff #409).</p> <p>Failure to perform an appropriate background inquiry pursuant to RCW 43.43.834 Child and Adult Abuse Information Act, puts patients at risk of abuse from improperly screened staff and contractors.</p> <p>Reference: RCW 43.43.834. Background checks by business, organization, or insurance company-Limitations-Civil liability.</p> <p>(1) A business or organization shall not make an inquiry to the Washington state patrol under RCW 43.43.832 or an equivalent inquiry to a federal law enforcement agency unless the business or organization has notified the applicant who may be offered a position as an employee or</p>	L 210		

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L 210	<p>Continued From page 2</p> <p>volunteer, that an inquiry may be made.</p> <p>(2) A business or organization shall require each applicant to disclose to the business or organization whether the applicant:</p> <ul style="list-style-type: none"> <li>(a) Has been convicted of a crime;</li> <li>(b) Has had findings made against him or her in any civil adjudicative proceeding as defined in RCW 43.43.830; or</li> <li>(c) Has both a conviction under (a) of this subsection and findings made against him or her under (b) of this subsection.</li> </ul> <p>(3) The business or organization shall pay such reasonable fee for the records check as the state patrol may require under RCW 43.43.838.</p> <p>(4) The business or organization shall notify the applicant of the state patrol's response within ten days after receipt by the business or organization. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.</p> <p><b>Findings included:</b></p> <ol style="list-style-type: none"> <li>1. Surveyor #4 reviewed 5 personnel files of both credentialed and non-credentialed hospital staff and the credentialing files of 3 physicians. The review showed: <ul style="list-style-type: none"> <li>Five of 5 personnel files and 3 of 3 credentialing files did not contain a disclosure statement that contained any of the elements described by RCW 43.43.834.</li> <li>Five of 5 personnel files and 3 of 3 credentialing files did not contain a Washington state patrol criminal history background inquiry.</li> </ul> </li> <li>2. On 08/28/18 at 2:30 PM, Surveyor #4 interviewed the hospital's corporate Vice</li> </ol>	L 210		

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L 210	<p>Continued From page 3</p> <p>President of Quality (Staff #401) about the disclosure statement. The staff member stated she was unaware of the specific requirements for disclosure statements and Washington state patrol criminal background checks as described above.</p>	L 210		
L 305	<p>322-035.1A POLICIES-ADMIT CRITERIA</p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (a) Criteria for admitting and retaining patients; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview and document review, the hospital failed to establish a written policy and procedure on retaining patients who request discharge when not clinically indicated.</p> <p>Failure to have a written policy and procedure for retaining patients involuntarily risks staff confusion and delays in taking appropriate actions upon request for discharge.</p> <p>Findings Included:</p> <ol style="list-style-type: none"> <li>1. Document review of the hospital's policy titled, "Discharge Against Medical Advice," policy number 5183670, no approval date, showed that if the attending physician declines the patient request to be discharged, the staff will begin the involuntary hold process according to "M-1 hold, per Colorado state regulation." The policy did not address the steps staff should take to follow the</li> </ol>	L 305		

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L 305	<p>Continued From page 4</p> <p>state of Washington involuntary detention process.</p> <p>2. On 08/28/18 between 1:00 PM and 2:00 PM, Surveyor #3 interviewed the Director of Quality (Staff #301) about the hospital's policy for retaining patients. Staff #301 confirmed the policy submitted to the surveyor failed to refer to the revised code of Washington (RCW) law nor did it address the specific steps staff should take when patients request discharge when it is not clinically indicated nor safe.</p>	L 305		
L 370	<p>322-035.1N POLICIES-PATIENT WORK</p> <p><b>WAC 246-322-035 Policies and Procedures.</b> (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (n) Allowing patients to work on the premises, according to WAC 246-322-180; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview and review of the hospital's policies and procedures, the hospital failed to establish an approved written policy and procedure addressing patients working at the facility as part of their treatment plan.</p> <p>Failure to have an approved written policy and procedure risks staff confusion and delay in addressing a patient's request to work on the premises.</p> <p>Findings Included:</p>	L 370		

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L 370	<p><b>Continued From page 5</b></p> <p>1. Document review of the hospital's policy titled, "Patient Work," no policy number, showed that the hospital leadership had not approved the policy at the time of review.</p> <p>2. On 08/27/18 between 2:00 PM and 5:00 PM, Surveyor #3 reviewed the hospital policies and procedures. An interview with the Director of Quality (Staff #301) confirmed the "Patient Work" policy had not been approved to date.</p>	L 370		
L 405	<p><b>322-035.1U POLICIES-CLINICAL RECORDS</b></p> <p><b>WAC 246-322-035 Policies and Procedures.</b> (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (u) Clinical records consistent with WAC 246-322-200, the Uniform Medical Records Act, chapter 70.02 RCW and Title 42 CFR, chapter 1, Part 2, 10/1/89;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview and document review, the hospital failed to establish a written policy and procedure on clinical records that addressed the time interval required for completion of the comprehensive treatment plan.</p> <p>Failure to have a written policy and procedure that addresses when clinical staff will complete the treatment plan puts patients at risk for delayed treatment and care.</p> <p><b>Findings included:</b></p>	L 405		

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L 405	<p><b>Continued From page 6</b></p> <p>1. Document review of the hospital's policy titled, "Treatment Planning - Philosophy and Purpose," policy number 5063622, approved 07/18, showed that care and treatment decisions are made on a collaborative basis with input from all disciplines. The care plan will include patient objectives, staff interventions, services, and treatments necessary to assist the patient in meeting identified care plan goals. The policy did not address the time interval required for completion of the comprehensive treatment plan.</p> <p>2. On 08/28/18 between 1:00 PM and 2:00 PM, Surveyor #3 interviewed the Director of Quality (Staff #301) about the hospital's policy for treatment planning. Staff #301 confirmed the policy did not address the timeframe in which the clinical staff completes the comprehensive treatment plan.</p>	L 405		
L 485	<p><b>322-040.8G ADMIN RULES-FUNCTIONS</b></p> <p>WAC 246-322-040 Governing Body and Administration. The governing body shall: (8) Require and approve professional staff bylaws and rules concerning, at a minimum: (g) Required functions; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview and document review, the hospital's medical staff rules and regulations failed to establish a required time interval for completion of the comprehensive psychiatric evaluation.</p> <p>Failure to establish medical rules and regulations consistent with the state of Washington clinical</p>	L 485		

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L 505	<p>Continued From page 9</p> <p>obtaining phlebotomy and lab specimens.</p> <p>Document review of the hospital policy, "Waived Testing," policy 4190410, approved 11/17, showed that "Glucometer -monitoring of pre-existing diabetic conditions and blood sugar abnormalities will be done by the RN or PCA per order of attending and medical provider."</p> <p>Document review of the Patient Care Assistant Clinical Orientation Checklist showed the following competencies: Obtaining BAC (Blood Alcohol Concentration), Emergency Equipment, Glucometer, Group Skills, HCG (pregnancy test), Vital Signs measurement, Security Wanding, and Urine Drug Screen testing.</p> <p>2. On 08/28/18, between 1:45 and 2:45 PM, Surveyor #4 reviewed five personnel files of both credentialed and non-credentialed staff. During the review of a Patient Care Assistant/Biomed Technician (Staff #404) file, the review showed that the Washington State Department of Health did not credential the staff member.</p> <p>3. On 09/07/18 at 9:00 AM, Surveyor #3 interviewed the Director of Quality (Staff #301) about the Patient Care Assistant (PCA) job description. Staff #301 confirmed that the current PCA position did not require individuals to obtain a nursing assistant credential with the Washington State Department of Health.</p>	L 505		
L 530	322-050.4 WORK REFERENCES  WAC 246-322-050 Staff. The licensee shall: (4) Verify work references prior to hiring staff; This Washington Administrative Code is not met	L 530		

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L 530	<p>Continued From page 10</p> <p>as evidenced by:</p> <p>Based on document review and interview, the hospital failed to provide evidence that they verified work references prior to hiring staff, for 2 of 5 personnel files reviewed (Staff #402 and Staff #404).</p> <p>Failure to verify work references prior to hiring staff puts patients at risk of harm from staff that lack competency or training.</p> <p>Findings Included:</p> <ol style="list-style-type: none"> <li>1. On 08/28/18, between 1:45 and 2:45 PM, Surveyor #4 reviewed 5 personnel files of both credentialed and non-credentialed staff. Initially, the review showed that work references were missing for 4 of 5 files.</li> <li>2. At the time of the review, the hospital's corporate Vice President of Quality (Staff #401) stated that there were other reference checks completed and was able to provide documentation of work reference checks for 2 additional staff members, but could not find evidence of reference checks for the remaining 2 staff members (Staff #402 and Staff #404).</li> </ol>	L 530		
L 615	322-050.9A TB-MANTOUX TEST	L 615		

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L 615	<p><b>Continued From page 11</b></p> <p>tuberculin skin test by the Mantoux method, unless the staff person: (i) Documents a previous positive Mantoux skin test, which is ten or more millimeters of induration read at forty-eight to seventy-two hours; (ii) Documents meeting the requirements of this subsection within the six months preceding the date of employment; or (iii) Provides a written waiver from the department or authorized local health department stating the Mantoux skin test presents a hazard to the staff person's health;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on document review and interview, the hospital failed to implement policies designed to protect patients from tuberculosis (TB) for 3 of 5 personnel files reviewed (Staff #402, Staff #403, and Staff #405).</p> <p>Failure to implement policies designed to protect patients from tuberculosis puts patients, visitors and staff at risk of harm from infection.</p> <p><b>Findings Included:</b></p> <ol style="list-style-type: none"> <li>1. Document review of the hospital document titled, "Employee Health Questionnaire," effective date 01/01/12, showed that all employees will receive a PPD skin test upon hire unless the employee has had a PPD test conducted within the last year. The policy is non-compliant with the state requirement that employees have a documented skin test no more than six months prior to employment.</li> <li>2. On 08/28/18, between 1:45 and 2:45 PM,</li> </ol>	L 615		

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L 615	<p>Continued From page 12</p> <p>Surveyor #4 reviewed 5 personnel files of both credentialed and non-credentialed staff. For 3 of 5 staff members, the review showed their last documented skin test occurred more than one year prior to their hire date.</p> <p>a. Nurse Manager (Staff #402), Hire Date: 07/30/18; Last TB skin test: 01/2017</p> <p>b. Registered Nurse (Staff #403) Hire Date: 08/27/18; Last TB skin test: 12/2011</p> <p>c. Chemical Dependency Therapist (Staff #405) Hire Date: 08/27/18; Last TB skin test: 11/2016</p>	L 615		
L 985	<p>322-150.3B EXAM ROOM-LIGHT</p> <p>WAC 248-322-150 Clinical facilities. The licensee shall provide: (3) One or more physical examination rooms, with or without an exterior window, equipped with: (b) Examination light;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation, the hospital failed to provide an examination light in its patient examination room.</p> <p>Failure to provide an examination light in a patient examination room puts patients at risk of inadequate care.</p> <p>Findings included:</p> <p>1. On 08/27/18 at 11:50 AM, Surveyor #4 toured the "Meadows" unit of the hospital, which included the patient examination room. The</p>	L 985		

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L 985	<p>Continued From page 13</p> <p>observation showed that the examination room lacked an examination light.</p>	L 985		
L1125	<p>322-170.3G RT SERVICES</p> <p>WAC 246-322-170 Patient Care Services. (3) The licensee shall provide, or arrange for, diagnostic and therapeutic services prescribed by the attending professional staff, including: (g) Recreational therapy services coordinated and supervised by a recreational or occupational therapist with experience working with psychiatric patients, responsible for integrating recreational therapy functions into the comprehensive treatment plan;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview, the hospital failed to ensure that a recreational or occupational therapist coordinated and supervised recreational therapy services.</p> <p>Failure to have a qualified professional coordinate recreational therapy services places hospital patients at risk for receiving incomplete comprehensive treatment.</p> <p>Findings included:</p> <p>1. On 08/28/18 between 1:00 PM and 2:00 PM, Surveyor #3 interviewed the Director of Quality (Staff #301) and the Chief Executive Officer (CEO) (Staff #303) about the hospital recreational program. The surveyor asked who supervised the program. Staff #301 stated that currently, the</p>	L1125		

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L1125	<p>Continued From page 14</p> <p>program would be coordinated by the Director of Clinical services who is a licensed social worker. The expected hiring of a recreational therapist was not successful. The hospital was exploring an option of bringing a temporary therapist from out of state.</p>	L1125		
L1145	<p>322-180.1C RESTRAINT OBSERVATIONS</p> <p>WAC 246-322-180 Patient Safety and Seclusion Care. (1) The licensee shall assure seclusion and restraint are used only to the extent and duration necessary to ensure the safety of patients, staff, and property, as follows: (c) Staff shall observe any patient in restraint or seclusion at least every fifteen minutes, intervening as necessary, and recording observations and interventions in the clinical record;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview and review of hospital policies and procedures, the hospital failed to establish a written policy and procedure addressing the recording of observations and interventions in the clinical record when clinical staff place a patient in seclusion or restraint.</p> <p>Failure to establish a comprehensive policy on seclusion and restraint places patients at risk for physical or psychological harm related to inadequate monitoring and assessments during a seclusion or restraint episode.</p> <p>Findings included:</p>	L1145		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CJA IDENTIFICATION NUMBER:  013220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/28/2018
NAME OF PROVIDER OR SUPPLIER  RAINIER SPRINGS		STREET ADDRESS, CITY, STATE, ZIP CODE  2805 N 129TH ST VANCOUVER, WA 98686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1145	<p><b>Continued From page 15</b></p> <p>1. Document review of the hospital's policy titled, "Seclusion and Restraint," policy number 5099296, last revised 07/18, showed that a staff member will conduct continuous in-person observation/monitoring for the duration of the seclusion or restraint episode. The policy did not address the time interval and documentation requirements for the observations and interventions that must be recorded when patients are in seclusion or restraint.</p> <p>2. On 08/28/18 between 1:00 PM and 2:00 PM, Surveyor #3 interviewed the Director of Quality (Staff #301) about the hospital's policy for seclusion and restraint. Staff #301 confirmed the policy did not specify how often observations or interventions must be recorded in the seclusion/restraint order/progress note. She did state that the expectation is for staff to complete observations or interventions every five minutes.</p>	L1145		
L1375	<p><b>322-210.3C PROCEDURES-ADMINISTER MEDS</b></p> <p><b>WAC 246-322-210 Pharmacy and Medication Services.</b> The licensee shall: (3) Develop and implement procedures for prescribing, storing, and administering medications according to state and federal laws and rules, including: (c) Administering drugs; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview and document review, the hospital failed to establish an approved written policy and procedure addressing override</p>	L1375		

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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  013220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/28/2018
<b>NAME OF PROVIDER OR SUPPLIER</b> <b>RAINIER SPRINGS</b>				
<b>STREET ADDRESS, CITY, STATE, ZIP CODE</b> <b>2805 N 129TH ST</b> <b>VANCOUVER, WA 98666</b>				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1375	<p>Continued From page 16</p> <p>medications in the automated dispensing machine.</p> <p>Failure to have an approved written policy and procedure risks staff confusion and delay in medication administration.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Document review of the hospital's policy, "Overrides," policy number PHRM-1-107, last revised 08/14/18, showed that the hospital leadership had not approved the pharmacy policies at the time of review.</li> <li>2. On 08/28/18 at 10:30 AM, Surveyor #3 interviewed the Director of Pharmacy (Staff #302) about the hospital policies and procedures for the pharmacy. Staff #302 stated that the hospital had not held a pharmacy and therapeutics meeting yet to discuss adopting and approving the Springstone corporate pharmacies policies for the hospital.</li> </ol>	L1375		
L1395	322-210.3G PROCEDURES-USE OF MEDS	L1395		
	<p><b>WAC 246-322-210 Pharmacy and Medication Services.</b> The licensee shall:</p> <ul style="list-style-type: none"> <li>(3) Develop and implement procedures for prescribing, storing, and administering medications according to state and federal laws and rules, including:</li> <li>(g) Use of medications and drugs owned by the patient but not dispensed by the hospital pharmacy, including:</li> <ul style="list-style-type: none"> <li>(i) Specific written orders;</li> <li>(ii) Identification and administration of drug;</li> <li>(iii) Handling, storage and</li> </ul> </ul>			

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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  013220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/28/2018
NAME OF PROVIDER OR SUPPLIER  RAINIER SPRINGS		STREET ADDRESS, CITY, STATE, ZIP CODE  2806 N 128TH ST VANCOUVER, WA 98686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1395	<p>Continued From page 17</p> <p>control; (iv) Disposition; and (v) Pharmacist and physician inspection and approval prior to patient use to ensure proper identification, lack of deterioration, and consistency with current medication profile;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview and document review, the hospital failed to establish an approved written policy and procedure addressing the use of medications owned by the patient but not dispensed by the hospital pharmacy.</p> <p>Failure to have an approved written policy and procedure for patient-owned medications risks medications errors and adverse drug reactions.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Document review of the hospital's policy, "Medications Brought by Patient or Delivered by Courier," policy number PHRM-1-026, last revised 06/13/13, showed that the hospital leadership had not approved the pharmacy policies at the time of review.</li> <li>2. On 08/28/18 at 10:30 AM, Surveyor #3 interviewed the Director of Pharmacy (Staff #302) about the hospital policies and procedures for the pharmacy. Staff #302 stated that the hospital had not yet held a pharmacy and therapeutics meeting to discuss adopting and approving the Springstone corporate pharmacies policies for the hospital.</li> </ol>	L1395		
L1400	322-210.3H PROCED-MEDS IN PATIENT AREAS	L1400		

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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  013220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  08/28/2018
<b>NAME OF PROVIDER OR SUPPLIER</b>  RAINIER SPRINGS		<b>STREET ADDRESS, CITY, STATE, ZIP CODE</b>  2805 N 128TH ST VANCOUVER, WA 98686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1400	<p>Continued From page 18</p> <p><b>WAC 246-322-210 Pharmacy and Medication Services.</b> The licensee shall: (3) Develop and implement procedures for prescribing, storing, and administering medications according to state and federal laws and rules, including: (i) Maintaining drugs in patient care areas of the hospital including: (i) Hospital pharmacist or consulting pharmacist responsibility; (ii) Legible labeling with generic and/or trade name and strength as required by federal and state laws; (iii) Access only by staff authorized access under hospital policy; (iv) Storage under appropriate conditions specified by the hospital pharmacist or consulting pharmacist, including provisions for: (A) Storing medicines, poisons, and other drugs in a specifically designated, well-illuminated, secure space; (B) Separating internal and external stock drugs; and (C) Storing Schedule II drugs in a separate locked drawer, compartment, cabinet, or safe;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation and interview, the hospital failed to ensure medications were available for patient use.</p> <p>Failure to have medications readily available for patient use risks patient safety and delayed treatment.</p> <p>Findings included:</p>	L1400		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  013220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/28/2018
NAME OF PROVIDER OR SUPPLIER  RAINIER SPRINGS		STREET ADDRESS, CITY, STATE, ZIP CODE  2805 N 129TH ST VANCOUVER, WA 98686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1400	<p>Continued From page 19</p> <p>1. On 08/28/18 between 8:50 and 10:30 AM, Surveyor #3 Inspected the "Meadow" nursing unit and the hospital pharmacy. The observation showed there were no medications stored in the pharmacy or in the nursing unit's automated dispensing machine.</p> <p>2. At the time of the inspection, Surveyor #3 interviewed the Pharmacy Director (Staff #302) about the availability of medications within the facility. Staff #302 stated that the hospital did not have any medications on-site but was expecting to receive their medications within the next one to three days.</p>	L1400		